



POLICY AND PROCEDURE

MONTGOMERY COUNTY FIRE AND RESCUE COMMISSION

No. 25-08

EFFECTIVE DATE:

6/1/96

TITLE

EMERGENCY RESPONSE FOR CARBON MONOXIDE
DETECTOR ACTIVATIONS

PAGE 1 OF 4

Montgomery County Fire and Rescue Commission Policy

EMERGENCY RESPONSE FOR CARBON MONOXIDE DETECTOR ACTIVATIONS

Issued by: Montgomery County Fire and Rescue Commission

Authority: Montgomery County Code Section 21-4B(e)

Policy No. 25-08

Effective Date: June 1, 1996

SUMMARY: This policy directs the activities of all fire, rescue, and emergency medical services personnel on the scene of incidents potentially involving the release of and exposure to Carbon Monoxide gas.

DEADLINES: Montgomery County Fire Board Review: Nov. 1, 1995
Dept. of Fire and Rescue Services Review: Nov. 1, 1995
Fire and Rescue Corporations Review: Nov. 1, 1995

ADDRESS: Address all comments pertaining to the proposed policy to George Giebel, Chairman, Montgomery County Fire and Rescue Commission, 12th Floor, 101 Monroe Street, Rockville, MD 20850.

STAFF: For additional information, please contact Beth Feldman, Montgomery County Fire and Rescue Service, on 217-2461.

Sec. 1. Purpose: To establish a uniform response to ensure the safe, effective and efficient delivery of fire, rescue, and emergency medical services on the scene of emergency incidents involving Carbon Monoxide gas.

Sec. 2. Applicability. This policy applies to all fire, rescue, and emergency medical service operational units, the Department of Fire and Rescue Services, the fire and rescue Corporations, and all fire, rescue and emergency medical services personnel, both career and volunteer, operating on an incident.



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PAGE 2 OF 4

Sec. 3. Definitions.

- a. **Carbon Monoxide (CO)**. A colorless, odorless, tasteless, toxic and flammable gas, slightly lighter in weight than air, produced by incomplete combustion of fossil fuels.
- b. **CO Exposure Symptoms**. Signs of exposure to low concentrations of **CO**, which may include dizziness, fatigue/weakness/drowsiness, flu-like symptoms, headache, mental confusion, nausea, red/flushed skin coloring, tingling/itching skin, with others reporting these symptoms.
- c. **Use SCBA**. Wear full protective gear, with SCBA in place, facepiece on, breathing from the SCBA, and PASS device activated.

Sec. 4. **Policy Statement.** It is the policy of the Fire and Rescue Commission to ensure that fire and rescue services personnel use safe and efficient procedures on all emergency incidents.

Sec. 5. Procedures.

- I. ECC Dispatch
 - a. If the caller reports the **CO** detector is activated with occupant(s) complaining of **CO symptoms**, dispatch an appropriate EMS unit, an engine company, a special service company with ventilation capabilities, and a duty officer. Advise the occupants to leave the building and await the arrival of the fire department.
 - b. If the detector is activated without occupant complaints of **CO exposure symptoms**, dispatch at least one engine or special service. Alternatively, this call may also be handled as a non-emergency type investigation.



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PAGE 3 OF 4

II. On Scene Units

- a. Personnel must **use SCBA** when entering the occupancy if the on scene size up indicates the likelihood of a **CO** emergency.
- b. If the **CO** detector indicates that the atmosphere being tested contains a concentration higher than 35 ppm., (NIOSH standard) **personnel** will continue to **use SCBA**. Once the **CO** level has been reduced to less than 35 ppm, SCBA may be removed.
- c. Remove the occupants from the structure to a fresh air location and administer appropriate emergency medical support.
- d. Check all possible sources of **CO** production, which may include natural gas, propane, fuel oil, kerosene, charcoal cooking units, and vehicle exhaust.
- e. If occupants exhibit or complain of **CO exposure symptoms**, or the presence of **CO** is detected by **CO** meter reading and the source is either verified from a gas appliance in use, or gas appliances cannot be ruled out, shut off the gas supply to those appliances and advise ECC to request the response of the appropriate utility company.
- f. If occupants exhibit **CO exposure symptoms**, or if a **CO** emergency is verified, conduct appropriate primary and secondary searches of the affected area.
- g. If the occupancy was ventilated before emergency services personnel arrive on the scene and **CO** is undetectable by **CO** meter, or if the **CO** detector has reset, complete a check of the property and inform the occupants that ventilation may have dispersed the **CO**, but advise them that it may accumulate again when the property is closed.



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PAGE 4 OF 4

- h. If the occupants do not exhibit **CO exposure symptoms**, no **CO** is detectable by **CO** meter reading, and all known potential sources have been checked, the occupants may re-enter the building. Inform the occupants that ventilation may have dispersed the **CO**, but advise them that it may accumulate again when the property is closed.
- i. Complete the **CO** Incident Checklist for each incident involving a **CO** detector activation. Attach one copy to the Incident Report and maintain the duplicate on file at the first due station for at least two years.
- j. Complete the **CO** Information Sheet and Notice of Findings for each incident involving a **CO** detector activation. Leave one copy with the occupant and maintain the duplicate on file at the first due station for at least two years.
- k. Notify the appropriate utility company if an actual **CO** incident is verified by units on the scene.

Sec. 6. **Effective Date.** This policy is effective on June 1, 1996.

Attest:

George Giebel, Chairman
Fire and Rescue Commission

Date: May 13, 1996

C O Detector Activation Policy BF
Attachments

1. **CO** Incident Checklist (attach copy to incident report, maintain duplicate on file at first due station for at least two years)
2. Information Sheet and Notice of Findings (leave copy with occupant, maintain duplicate on file at first due station for at least two years)

carbon monoxide final 5/96

LOCATION OF INCIDENT: _____

TIME/DATE: _____ INCIDENT NO. _____

AREA	POTENTIAL PROBLEM	METER READING (PPM)	LOCATION OF READING
Chimney	Clogged flue, blocked opening, back drafting		
Fireplace (gas or wood)	Clogged flue, blocked opening, back drafting		
Portable heater	Emissions		
Gas refrigerator	Emissions		
Gas kitchen range	Emissions		
Cook top vent	Emissions		
Gas dryer	Emissions		
Gas water heater	Chimney pipe clogged, blocked, or leaking		
Gas/oil furnace	Leaking flue/chimney pipe		
Barbecue grill	In enclosed area		
Attached garage	Car started or running recently		
Operating fireplace with HVAC on	Possible backflow		

CO Detector Model: _____ Serial No. _____

Individual operating CO Monitor: _____ Officer completing Checklist: _____

Montgomery County Fire and Rescue personnel evaluated occupants for Headache ___ Dizziness ___

Confusion ___ Nausea ___ Other _____

Were occupants feeling ill? _____ Describe _____

Since the detector's alarm activated, what actions were taken?

Were appliances/potential carbon monoxide sources shut off? _____ If yes, which ones? _____

Was fresh air admitted? _____ If yes, how and for how long? _____

copy 1- attach to incident report; copy 2- maintain on file at first due station for 2 years

ATTACHMENT 2

INFORMATION SHEET AND NOTICE OF FINDINGS CARBON MONOXIDE DETECTOR ACTIVATIONS

Montgomery County fire and rescue personnel responded to _____,
on _____ 19_____, at _____ pm/am, to determine if hazardous concentrations
of carbon monoxide gas existed at that location.

Fire and rescue personnel checked possible sources of carbon monoxide emissions. Occupants were advised that sources of carbon monoxide gas could include a blocked chimney/flue pipe in a gas or wood fireplace; gas refrigerator, kitchen range, clothes dryer, or gas hot water heater; defective or unvented hot-air furnace, portable propane or kerosene heater; unvented propane or charcoal cooking units, and closed areas containing vehicle exhaust (enclosed garage). They were also advised that other sources of these emissions may also include insufficient air exchange in the structure, infiltration from an adjoining structure, or vehicle running outside.

Occupants were advised that carbon monoxide exposure symptoms include dizziness, fatigue/weakness, headache, flu-like symptoms, mental confusion, nausea, red/flushed skin coloring, tingling/itching skin, or unconsciousness. If a hazardous condition existed, occupants were evacuated and advised not to return until all sources of carbon monoxide emissions were repaired.

Occupants were informed that the carbon monoxide detector was restored to service and must be cleaned regularly _____, or should be replaced_____.

Occupants were also advised that fossil fuel-burning appliances require regular maintenance and that flues and ducts should be checked annually.

Montgomery County Fire and Rescue Services representative:

Date _____ Time _____ Incident No. _____

First Due Fire/Rescue Station Telephone Number: _____

Fire Officer Signature: _____

Received by (Owner/Occupant Signature): _____

Date/Time: _____

copy 1- leave with occupant; copy 2- maintain on file at first due station for 2 years